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醫療體制改革
Health Care Reform

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摘要

衛生保健制度改度之艱難，主要在於要在諸多因素發展勢頭的相互碰撞中維持衛生保健工作的良性發展。衛生保健改革目標的設定，應當著眼於現實，但又必須顧及長遠。為此，它應當是首先有利於為更多的人群提供最基本的保健服務，同時又能有力地控制保健費用的增長，有利於控制疾病的發生。只著眼於開源或節流，或者只強調衛生服務組織自身的營運，都可能使衛生保健產生更多的麻煩。多方位的雙層或多層的體制是使衛生保健工作適應各方需要的理想構思，它包含多種雙層或多種多層的內涵。在衛生資源有限的情況下，配給是保證為更多的人群提供保健的有效措施，救援則是其重要的補充。現行的醫療服務體系與為最廣大的人群提供基本的醫療保健服務不適應，也與抑制醫療費用上漲的要求不適應，必需有較大力度的改革。衛生保健改革的選擇，必須是道德的，同時又是理性而現實。

目錄

摘要

本文要論證，國家的健康改革努力，理應參照奧瑞岡(Oregon)十一項關鍵的教訓。特別是，我們要理解到，保健限額分配(health care rationing)是無可避免的，限額分配過程一定要公開透明，而公平限額分配的草案，亦必須通過一個理性而民主的量(rational democratic deliberation)過程有自我強加的(self-imposed)。本文第一部分點出，限額分配乃是我們當前保健系統的一個特徵，但大都是隱而不現的限額分配，應該算是不公平的。本文第二部分要論證，保健限額分配的需要是不可避免的。作為一個限額分配模式，奧瑞岡是有瑕疵的，但在全國性的保健改革上(第三部分分析並維護這樣的改革)，確能讓我們吸取值得學習的道德教訓。這些教訓最有意義之處，是表明了為一個社群開展一個公平的限額分配草案上，理性而民主的考量是重要的。在第四部分，筆者勾勒出這種進路在哲學上的成立理由，並回應丹尼爾某些重要的批評。

目錄

摘要

本文討論香港醫療制度的融資安排與改革，並探討進行改革所帶來的社會公義問題。本文認為一個符合社會公義的公共醫療制度要保證市民得到一個得體而又最基本(decent minimum)的服務，這個服務水平要由一個公開和有廣泛公眾參加的醫療配給制度。本文建議香港確立一個這樣的配給制度監控公共醫療服務的增長，並且透過改革收費制度或輕微地增加稅收，便可以在符合社會公義的大前提下解決融資安排問題。本文反對採用強制性儲蓄計劃、保險計劃或保健組織(HMO)制度對香港的醫療進行改革，因為這些供款計劃會帶來不少道德危險問題，有違社會公義。

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摘要

當前的保健系統並不以功能恰當的市場來運作。保健成本被隱藏起來，且往往被轉移，而消費者和供給者都受到保護，不受其決策在經濟上的影響，使得成本大幅上升。柯林頓的計劃不思針對當前以雇主為基礎的保險系統，以及其形成的不平等來對症下藥，反而把不平等擴大，還添加以大量的政府管制。到底選擇以消費者為基礎的系統，抑或是政府控制的系統？這是大眾最終的選擇。以保健改革為基礎的市場，強化了個人的自由與責任，而追求這樣的市場，可滿足兩條倫理原則。其一，美國消費者可察覺到保健服務真正的成本，而市場力量亦因而引起供給者控制成本的動機。其次，公義的需求亦滿足，理由是，不但醫療服務供給者得到應得者，公共政策製訂者亦能更有效地使最需要的人得到援助。

目錄

美國該創造一個保健系統嗎？

Laurence McCullough

摘要

有一種正統說法已然形成，它聲稱美國保健系統有危機，需要加以改革。本文挑戰這種正統說法，其方法是指出美國並沒有保健系統。我們有一個保健的非系統(a non-system of health care)，正如同實質上我們所有基本的社會制度那樣。挑戰當前的正統說法，使一直都受忽略的兩個倫理議題浮出檯面：創造一個保健系統會(1)使家長主義再次擡頭並(2)威脅到道德多元論。

目錄

救援與責任：學會在限制中生活

Haavi Morreim

摘要

醫療保健權利的普遍化仍然是個夢想，尚未成為現實。部分原因在於求援規則(rule of rescue)促使我們救援身處困境的人，因而令我們忽視保健政策的限制，只要政策很可能損及特定的個人。由於救援規則動搖了我們對保健權利的限制，因而可能防礙了我們對成本之控制。但成本控制卻又是擴大保健取得之關鍵。因此，我們至今的做法，不是接受無限制的保健支出，而是拒絕將保健權利普遍化。這種情形日益惡化，因為病人和醫生得保護，不受到保健成本在經濟上的影響，甚至都認為保健乃是免費的、是一項無限制的權利。為了扭轉這種花大錢的權利心態，並對求援有合理的限制，我們必須讓病人體會到其保健決策的某些後果，從而為其保健成本承擔更大的責任。有好些方法可以用來達成這項目標，而無須對所需要的保健設下經濟的障礙，或對病患形同懲罰。

目錄

摘要

即將到來的新世紀，使中國醫院經營面臨著許多新的問題和嚴峻挑戰。首先，醫學教育與知識經濟的發展很不適應。其次，醫院設備與社會需要很不適應。第三，醫院經營模式與市場運行很不適應。第四，醫療服務模式與人口結構變化很不適應。第五，醫療勞動補償模式與醫務勞動消耗很不適應。

醫院經營面臨的上述問題是涉及國與醫院兩個方面多層次的發展戰略與策略的問題，也是涉及全國各行各業和廣大人民切身利益的問題。解決問題的根本出路於改革。首先，應真正解放思想和更新觀念，擺正衛生事業在國民經濟和社會發展中更新觀念，擺正衛生事業在國民經濟和社會發展中的地位。第二，應改革醫學教育制度和內容，把醫學高科技教育成為學為學位教育和繼續教育的重點；同時搞好人事制度改革。第三，應積極地引進高科技設備，努力提高醫院基本設施和診療儀器的現代化水平。第四，應盡快改革醫院經營體制，建立和完善新的經營模式與經營機制。為此，應著重搞好醫院布局和組織結構調整，以及醫療服務結構的調整；實行醫院的所有權與經營權分離，讓醫院法人組織和法定代表依法自主經營；按照市場經濟規律的要求，建立和完善醫院經營的動力機制、醫療技術機制、自我約束調控機制、法人領導機制。第五，應改革醫療衛生服務體制，建立適應人口結構和疾病譜變化的新的防治服務模式。為此，應擴大預防工作範圍和擴大保健人群範圍，建立醫院、社區、家庭相結合的醫療衛生保健服務模式。

摘要

中國農村貧困地區衛生保健面臨籌資與組織等方面的問題，尤其是貧困地區經濟發展滯後，嚴重影響了衛生保健需求的購買力，因而形成了因病致貧和因貧致病的惡性循環，嚴重阻礙著生產力的發展。儘管貧困地區政府對衛生保健的投資力度不大，但衛生資源的利用極不充分，表現為人力過剩，業務量不足，設備閑置。調查中發現，貧困地區農民在煙酒、求神拜佛、請客送禮等方面的開支甚大，故仍存在保健籌資的潛力。在保健制度方面，合作醫療比例不大，婦幼保償制和免疫保償制覆蓋面低，病人流向在不同保健制度之間差別較大。調查中發現，經濟與保健有著雙向互制作用。衛生保健應與經濟發展同步。政府應承擔發展保健事業的主要責任，加大對保健的投入，引導農民調整消費結構，改善籌資環境，普及健康教育，同時採取分步到位的辦法，逐步建立合作性質的保健制度，並建立相應的法規。

Abstract

Health care costs soar and become unbearable everywhere in the world. This is not only a problem faced by developed Western countries. It is also a difficult issue for the third world countries such as China. China's health care system needs reform. On the one hand, a great number of people have not been covered by any basic health insurance. On the other hand, however, critical care medicine in high-technology hospitals in urban areas consumes tremendous public health care resources for a very small group of patients. This essay argues that China should appropriately establish multiple goals for its health care reform, based on ethical and reasonable deliberations on China's actual health care situation.

First, rationing is crucial in containing health care costs. Public health care resources are limited. It is impossible to satisfy all medical needs for all people at all times. This is especially the case for mainland China, where public resources that can be invested in medical care are scarce. An appropriate goal of China's health care reform should be to provide basic, not luxury, health care for the people. Some luxury medical procedures must be left to individuals for purchase through their own resources.

Second, a basic level of health care must be ensured to most people, even if it is impossible to ensure to everyone. It is important for everyone to understand that providing the best care for everyone is practically impossible. The best a government can do is to provide some level of basic care. However, the goal here must be the basic health of all or most people, rather than total care for a small group of people.

Third, an appropriate pattern of China's health care should be prevention-oriented and ordinary-treatment-oriented, rather than high-technology-medicine-oriented. Since the early 1980s, many hospitals have relied on high-technology medicine to deal with diseases and to earn more income for themselves at the same time. But high-technology medicine is not panacea, though it is extremely costly. Inexpensive medical prevention is often more effective than high-technology medical procedures.

Finally, a rule of rescue should be established in society. Society ought to provide some help for those who need special expensive medical care (such as organ transplantation) and are not able to afford it. The rule of rescue guides our efforts in this direction. Society should organize and establish special foundations to help people in this regard.

Abstract

This paper discusses the financial arrangement of the healthcare system and the issues of justice arising from healthcare reform in Hong Kong. The current Hong Kong public healthcare system is quite efficient. The population of Hong Kong has higher life expectancy and lower infant and maternity mortality rates than that of many developed countries, such as the United States. However, the public expenditure in healthcare in Hong Kong only amount to 2.18% of GDP. This is much lower than most of the developed countries although the per capita income of Hong Kong has surpassed that many industrialized nations, including Canada and Australia. But more than 90% of the hospital services is provided by public hospital. Moreover, the all-inclusive per diem hospital charge is HK\$68 (roughly US\$8.5), which only covers 2% of the average cost of a patient day, and so the system is almost universally accessible as well. In fact, since 1974, the government has adopted the policy that no one should be denied adequate medical treatment through lack of means. However, the current system has been under stress mainly for three reasons: (1) aging population, (2) increasing medical expenditure rising from the advancement of medical technology, and (3) rising expectation from the community triggered by the rapid economic development over the past one to two decades. Various proposals have been put forward to reform the healthcare system in Hong Kong so as to make it more financially sustainable in the long term. These proposals include:

- increase in personal and corporate income tax;
- increase in the per diem charge of public health care services;
- mandatory savings scheme;
- coordinated voluntary or mandatory insurance scheme;
- health maintenance organization scheme.

This paper concedes that healthcare reform is not only a technical issue in financial management, but will have long term impact on the distribution of healthcare benefits and burdens in Hong Kong society. So the problem of justice must be addressed before launching any healthcare reform plan.

This paper discusses the major approaches to the justice problem in healthcare financing. The libertarian approach is rejected because the free market mechanism advocated by the approach, such as voluntary insurance schemes, will put the worse off in a vulnerable position. The paper on the one hand

agrees with the egalitarian approach that the claims of healthcare needs have their moral force, but on the other hand maintains that the egalitarian approach may overburden the public healthcare system. Based on the ideas of public choice theory and socialized care, it is argued that a just healthcare system needs only to guarantee a decent minimum level of healthcare services for all that is regarded as affordable by the general public.

The paper maintains that what constitutes such a level of services should be determined by a rationing system. Various utilitarian approaches to rationing are critically examined. It is found that although these approaches provide useful indices for decision-making in healthcare rationing, none of them could provide a mechanical procedure that could substitute for a fair deliberative process. The paper argues that the decent minimal level of healthcare services guaranteed for all should be determined by an open and a democratic process, and recommends that such a rationing system be set up in Hong Kong.

Since various performance indices have shown that the healthcare system in Hong Kong is quite efficient, the claim that the existing system is "on the verge of reaching a crisis situation" is likely to be an exaggeration. Those who uphold this claim tend to support the more radical proposal of introducing various contributory schemes, including proposals (3) - (5), to reform the financial arrangement of the existing healthcare system. The paper rejects this approach, because social justice could be undermined by the moral hazard problems created by these contributory schemes and the government would consequently not be able to uphold the policy already adopted in 1974, which guarantees that no one will be denied adequate medical treatment because of inability to pay.

It is believed that the stress of the public healthcare system in Hong Kong can be alleviated to a large extent by setting up an open and a democratic rationing system to monitor the increase of medical costs, a modest increase in service charges, a further improvement in the efficiency of the existing system, and perhaps a small increase in tax rates too. For the sake of justice, as the paper maintains, the government must be very cautious in adopting any more radical reform initiative.

Abstract

At the threshold of a new millennium, China's hospitals face a series of problems in their management. This essay attempts to analyze these problems and explore appropriate solutions to them.

First, the contemporary Chinese pattern of medical education is not suitable to the rapid growth of medical knowledge. Ever increasing new theories, methods, and technologies in diagnosis, therapeutics, and prognosis promote the quality of medical care tremendously. However, most health care professionals in China's hospitals are unable to follow up-to-date developments of medical information. Very few medical scientists or physicians in China's medical care field are recognized as leading or authoritative in the world. The solution to this problem calls for an emphasis on and respect for the values of human resources in medicine, improvement of current medical education, and establishment of a mechanism for reeducating medical professionals.

Second, the current pattern of hospital management is not suitable to the market. The manner of hospital management in China is the product of China's central-planning mode of economy. Each hospital belongs to a central or local government, or to a state-owned enterprise. It does not have power to make decisions about its own management. Neither does it care about cost-benefit balancing because hospital financing relies entirely on government revenue. However, new problems have occurred during China's transition to a free market economy from the centrally-planned economy since the 1980s. Though many enterprises have been allowed to manage themselves according to the circumstances of the market, hospitals have been emphasized as welfare providers that cannot be allowed to make money. The government continues to set strict low prices for medical services and, at the same time, does not provide sufficient financing to hospitals. As a result, hospitals have to make their ends meet by increasing unnecessary medication prescriptions and overusing high-technology diagnostic and therapeutic instruments. Overtreatment and waste in hospital care have generated universal complaints. Accordingly, serious reform must be made in the direction of appropriately adjusting the ownership of hospitals as well as changing the ways of hospital management so that they can adapt themselves to the need of the health care market.

Finally, there are other serious problems involved in China's hospital

management. These problems are multi-faceted. For instance, medical facilities and instruments have not been up-to-dated and cannot meet the needs of patients in medical care, the structure of hospital services does not suit the need of the ever-increasing numbers of senior citizens in China, etc. The only way to resolve these problems is reform. This requires ordinary Chinese citizens as well as Chinese leadership to free themselves from the restrictions of the previous centrally-planned economic theory and to seek a new health care model.

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Abstract

Approximately sixty million Chinese people live in China's poverty-stricken rural areas (annual income per capita is lower than 400 Chinese yuan, or US \$50). Most people in these areas do not have any level of health insurance. About 72.6% of the individuals who need to visit physicians are not unable to do so because of financial difficulties. The death rate of newborns is as high as 10%. Many households are caught up in a vicious circle: they contract disease because of poverty, and they become poor because of disease.

It is vitally important to establish a basic level of health care insurance for these people. According to our investigation and calculation, it requires about 18 hundred million Chinese yuan per year in total (based on medical prices in 1993) to provide a minimum amount of health care for these people, including four prenatal care visits and delivery service, vaccine shots for children (thirteen times total for every child before the age of 13), and basic medical care (including three clinic visits and half a day hospitalization per capita per year). In our investigation, most people in these areas support such a plan for basic health care insurance and express their willingness to pay part of premium.

Currently, the average health care spending per capita per year in these areas is 17.40 yuan, or 3.75% of the annual income per capita. Accordingly, there should be no serious difficulty for everyone to pay 2.50% of their annual income for health insurance, except for those whose annual income is lower than 200 yuan. In addition, our investigation found that about 28% of the average household expenditures in these areas are spent for tobacco and liquor. Individuals can be encouraged to save this type of spending for their medical care.

Currently, from individual premiums (2.50% of annual income), particular funds from villages and towns, and special government financial subsidies, the total amount of funding can reach about 10 hundred million yuan yearly. In order to obtain 18 hundred million yuan as required, about 8 hundred million yuan a year needs to be raised.

China used to attempt to provide basic medical care for people by way of providing financial support to health care providers, i.e., hospitals and clinics, so that they could offer cheap medical care for patients. This has not turned out to be a good strategy. The government should, instead, directly provide financial support to health care recipients, especially those living in poverty-stricken

rural areas, so that they will financially be able to set up basic health care insurance for themselves. In contemporary times, it is vitally important to help them establish a basic amount of health care insurance.

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